

Sick Leave for Volunteer Service Form

Part 1 –To be completed by the King County employee

Employee Name: _____ Employee ID: _____

Office/Department/Division: _____

Organization look up here: kingcounty.gov/giving

| | |
|---|---------------------------------|
| <input type="checkbox"/> EGP Nonprofit Organization | <input type="checkbox"/> School |
| Organization name: | Name of school: |
| KCEGP 4-digit Code: | |

Date of volunteer service: _____ Hours sick leave requested: _____

Description of specific volunteer service to be provided:

I verify that if approved to use sick leave for volunteer service, I will follow all guidelines and regulations of HRD, my office, and the King County Employee Giving Program nonprofit I partner with to volunteer. If requested by my supervisor in advance, I will bring this form to my volunteer shift for the organization rep to sign, then turn back in at my worksite.

Employee Signature: _____ Date: _____

Part 2 –To be completed by supervisor (please give a copy to employee if verification requested)

| | |
|---|---|
| Request approved: <input type="checkbox"/> | Request denied: <input type="checkbox"/> |
| <i>If approved, supervisor please choose:</i> | Reason for denial (if applicable) |
| <input type="checkbox"/> Verification of volunteer service requested. | <input type="checkbox"/> Employee not eligible |
| <input type="checkbox"/> No verification required. | <input type="checkbox"/> Nonprofit not currently in Employee Giving Program |
| | <input type="checkbox"/> Volunteer activity not acceptable |
| | <input type="checkbox"/> Insufficient notice |
| | <input type="checkbox"/> Operational needs of office |
| | <input type="checkbox"/> Other (describe): |

Supervisor Signature: _____ Date: _____

Part 3 –To be completed by organization (if verification requested by supervisor in Part 2)

Please ensure all fields above are completed prior to signing.

I certify that the volunteer service was provided as described above. The volunteer was not awarded and will not receive any compensation by the organization or entity for the volunteer work performed.

Organization Rep Signature: _____ Date: _____

Time-entry reminder: Use reason codes EGP Volunteer or School Volunteer.

NOTE: Please send a copy of the signed request to the Employee Giving Program at employeeegiving@kingcounty.gov